

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

268

FILED OCT 21 1963

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Clinton General Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Henry

c. CITY OR TOWN Urich

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
RR#1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
AARON RUSSELL KING

4. DATE OF DEATH

Month Day Year
October 17, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married

Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH

9/4/85

9. AGE (last birthday)

78

10. USUAL OCCUPATION

(Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Missouri City, Mo.

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

J.D. King

13b. MOTHER'S MAIDEN NAME

Sarah Dale Brandburger

14. NAME OF HUSBAND OR WIFE

Ada King

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

Y NO. 550

Mrs Ada King, Urich, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

28 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/7/48 to 10/17/63 and last saw him alive on 10/16/63. Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
S.B. Hughes, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct 19, 63

23c. NAME OF CEMETERY OR CREMATORY

Englewood

23d. LOCATION (City, town, or county)

Clinton, Missouri

(State)

24. FUNERAL DIRECTOR

Consalus

ADDRESS

Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 18, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. Connelley

Licensed Embalmer No.

47680

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained

10-18-63

114.13